

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90032 017 ***150.00

DOCUMENT # J30798

1. Entity Name
PRIMARY CARE PHYSICIANS OF GAINESVILLE, P.A.



Principal Place of Business
**3780 NW 83RD ST.
GAINESVILLE, FL 32606**

Mailing Address
**3780 NW 83RD ST.
GAINESVILLE, FL 32606**

40015000



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2710945

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOYSEN, BETTE E
3780 NW 83RD STREET
GAINESVILLE, FL 32606**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP/S
NAME	SANDERS, ELIZABETH C
STREET ADDRESS	6440 W NEWBERRY ROAD, SUITE 111 3780 NW 83rd St
CITY-ST-ZIP	GAINESVILLE, FL 32605 Gainesville, FL 32606
TITLE	P
NAME	BOYSEN, BETTE E
STREET ADDRESS	6440 W NEWBERRY RD STE 111 3780 NW 83rd St.
CITY-ST-ZIP	GAINESVILLE, FL 32605 Gainesville, FL 32606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07 352-377-2022
Date Daytime Phone #